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VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign post code, and telephone no. CITY OF BREVARD 95 WEST MAIN ST BREVARD NC 28712-3635 (828) 885-5600		1 R 445 \$ _____ 2 R 445 \$ _____ 3 Other income \$ _____	CMB No: 1545-C-15 18 Form 1099-MISC	Miscellaneous Income Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2018 General Instructions for Certain Information Returns.
PAYER'S TIN [REDACTED]	RECIPIENT'S TIN [REDACTED]	4 Federal income tax withheld \$ _____ 5 Fishing boat proceeds \$ _____ 6 Medical and health care payments \$ _____	7 Net employee compensation \$ 32,868.66 8 Substitute payments in lieu of dividends or interest \$ _____ 9 Payer made direct sales of \$1 (N) or more of consumer products to a buyer (see part for details) <input checked="" type="checkbox"/> 10 Crop insurance proceeds \$ _____	
RECIPIENT'S name HUMPHREYS, TRENT Street address (including apt. no.) [REDACTED]		11 \$ _____ 12 \$ _____	13 Excess golden parachute payments \$ _____ 14 Gross proceeds paid to an attorney \$ _____	
Account number (see instructions) _____	FATCA (1) g <input type="checkbox"/>	2nd TIN not required <input type="checkbox"/>	15a Section 409A deferrals \$ _____ 15b Certain IRA income \$ _____ 16 State tax withheld \$ _____ 17 State Payer's state no. [REDACTED] 18 State income \$ _____	